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Bib Data Sheet

CONFIRMATION NO. 3830

SERIAL NUMBER	FILING OR 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/562,561		514	1635	02-728-L (400.166US)

APPLICANTS

James McSwiggen, Boulder, CO;
 Leonid Beigelman, Longmont, CO; *dw*

** CONTINUING DATA *****

This application is a 371 of PCT/US04/20516 06/25/2004 which is a CIP of 10/607,933 06/27/2003
 which is a CIP of 10/444,853 05/23/2003
 and is a CIP of PCT/US03/05346 02/20/2003
 and is a CIP of PCT/US03/05028 02/20/2003
 and is a CIP of 09/930,423 08/15/2001 ABN
 and is a CIP of PCT/US03/04710 02/18/2003
 and is a CIP of 10/205,309 07/25/2002
 and claims benefit of 60/406,784 08/29/2002
 and claims benefit of 60/408,378 09/05/2002
 and claims benefit of 60/409,293 09/09/2002
 and claims benefit of 60/440,129 01/15/2003
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 and is a CIP of 10/652,791 08/29/2003
 which is a CON of 10/422,704 04/24/2003 ABN
 which is a CON of 10/417,012 04/16/2003 ABN
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 and is a CIP of PCT/US03/05028 02/20/2003
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 and claims benefit of 60/363,124 03/11/2002
 and claims benefit of 60/386,782 06/06/2002
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(*)Data provided by applicant is not consistent with PTO records.
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**** FOREIGN APPLICATIONS *******

UNITED STATES OF AMERICA PCT/US03/05346 02/20/2003

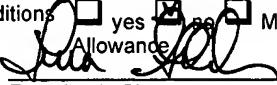
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UNITED STATES OF AMERICA PCT US04 16390 05/24/2004

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 07/21/2006

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	CO	29	35	1
Verified and Acknowledged	 Examiner's Signature	Initials			

ADDRESS

20306

TITLE

Rna interference mediated treatment of alzheimer's disease using short interfering nucleic acid (sina)

FILING FEE RECEIVED 1265	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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